

DEPARTMENT OF BENEFIT PAYMENTS

744 P Street
Sacramento, CA 95814



August 15, 1974

ALL-COUNTY LETTER NO. 74-160

TO: ALL COUNTY WELFARE DIRECTORS
ALL COUNTY AUDITORS
WELFARE FISCAL SUPERVISORS
ADMINISTRATIVE SERVICES OFFICERS

SUBJECT: TIME STUDY INFORMATION

REFERENCE:

This department has been notified by the Department of Health that the time of issuing temporary Medi-Cal cards to SSI/SSP recipients should not be charged to MNO, but to the SSI/SSP program. Until further notice, the procedure for doing this is as follows:

During the time study months all time spent by eligibility workers in issuing temporary Medi-Cal cards to SSI/SSP recipients will be recorded to the SSI/SSP program, line K of the DFA 43, County Employee Eligibility Time Study. However, this time must be identified separately from other SSI/SSP activities recorded in line K. Please indicate this time with the letters "MC", so that when all copies of the DFA 43 are added and summarized, the total amount of time spent issuing these temporary Medi-Cal cards is identified within the SSI/SSP program on the DFA 323, Eligibility Time Study Summary and Program Allocation Ratios. In order to arrive at a ratio for the SSI/SSP program on the DFA 323, (1) add together all hours in line K, SSI/SSP shown in the total allocable hours column and (2) divide this by the total hours on line P. The resulting ratio will be used to complete the quarterly Administrative Claim and to identify all SSI/SSP costs eligible for 100% reimbursement from the Social Security Administration.

If any questions arise regarding this letter, please contact Bobi Gould or Dick Lowry at 916/445-7046.

Sincerely,

William J. Kurtz
WILLIAM J. KURTZ
Deputy Director

OBSOLETE

Superseded by ACI 77-15

cc: CWDA

Issued 3-17-77

DEPARTMENT OF BENEFIT PAYMENTS

744 P Street
Sacramento, CA 95814



August 12, 1974

ALL-COUNTY LETTER NO. 74-159

TO: ALL COUNTY WELFARE DEPARTMENTS

SUBJECT: APL REDETERMINATION STUDY

REFERENCE:

After negotiations with the federal government, we are now making preparations for the Adjusted Payment Level (APL) Redetermination Study. In accordance with federal requirements, this survey will include 100 percent of the adult cases active in January 1972 that had zero net income and were living alone or in out-of-home care. Fortunately, it will be possible at the state level to screen a sizeable portion of the APL-excludable cases from the total caseload.

We are now conducting a pilot study to determine details of the APL Study. According to one plan under consideration, each county will be sent a list of cases after the initial state-level pre-screening. The maximum number of cases for each county is given in Attachment 1. It is expected that this number can be substantially reduced through further screening. For each case, county personnel will photocopy documents pertinent to APL status. The photocopies will be sent to the Department of Benefit Payments, and state personnel will perform the remaining work. To help us determine what this plan will involve, we would like the counties to provide written responses to the following requests by September 10:

1. Attached is a list of four sample cases for each county (Attachment 2). Please locate these four case folders, photocopy the entire contents of each, excluding documents dated prior to January 1, 1971, and send the copies to the Department of Benefit Payments. If you are unable to locate a case folder, call the Program Information Bureau.
2. Please make estimates of the staffing, cost (including all overhead) and elapsed time that will be involved in completing this project with the described methodology. These estimates should be in two parts: (1) estimates for locating the number of cases given in Attachment 1, and (2) estimates per page for photocopying and mailing case folder documents.

3. Please describe in detail the order in which your case folders are filed. Indicate the preferred order of cases in the list to be sent to your county (e.g., by case number, last name, date of discontinuance, etc.).

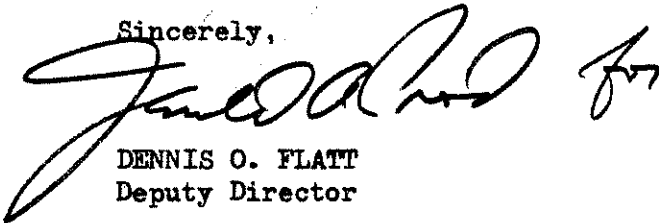
This project will be financed in full by the federal government. Details of the fiscal procedure are forthcoming.

Please address written responses and photocopies of case folders to:

Department of Benefit Payments
Program Information Bureau
744 P Street, Mail Station 12-81
Sacramento, California 95814

If you have any questions regarding these requests, please call the Program Information Bureau at (916) 322-2230 or (ATSS) 492-2230.

Sincerely,

A handwritten signature in dark ink, appearing to read "Dennis O. Flatt", with a stylized flourish at the end.

DENNIS O. FLATT
Deputy Director

Attachments

cc: CWDA